

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review  
P.O. Box 138009  
Sacramento, CA 95813-8009  
(855) 865-8873 Fax: (916) 605-4270



---

**Notice of Independent Medical Review Determination**

Dated: 10/28/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/8/2013  
Date of Injury: 9/9/2012  
IMR Application Received: 7/22/2013  
MAXIMUS Case Number: CM13-0002586

- 1) MAXIMUS Federal Services, Inc. has determined the request for eight (8) individual psychotherapy sessions **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/22/2013 disputing the Utilization Review Denial dated 7/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/25/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for eight (8) individual psychotherapy sessions **is not medically necessary and appropriate.**

### Medical Qualifications of the Expert Reviewer:

The independent expert reviewer who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Licensed in Psychology and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The Expert Reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and treatments and/or services at issue.

### Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 8, 2013:

"██████████ is a 50 year old (DOB: ██████████) male employee of ██████████ whose mechanism of injury is not stated. He was injured while at work on 09/09/12, injuring his mental/mental and facial bones. He is currently not working. The mental/mental and facial bones have been accepted by the carrier."

### Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review
- Utilization Review from ██████████
- Medical records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

- 1) **Regarding the request for eight (8) individual psychotherapy sessions:**

#### Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004), pages 105-107, which are part of the California Medical Treatment Utilization Schedule (MTUS). The Claims Administrator also cited the Official Disability Guidelines (ODG), which is a medical treatment guideline that is not part of the MTUS, but

did not cite a specific section. The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the ODG, Mental & Stress Chapter, PTSD Psychotherapy Interventions section.

Rationale for the Decision:

The employee injured mental and facial bones on 9/9/2012. Diagnoses include major depression, panic disorder, chronic forgetfulness, anxiety, and joint pain. A request was submitted for eight (8) individual psychotherapy sessions.

The ODG recommends for depression an initial trial of 6 visits over 6 weeks, with evidence of objective functional improvement, a total of up to 13-20 visits over 13-20 weeks (individual sessions). For posttraumatic stress disorder, the guidelines recommend an initial trial of 6 visits over 6 weeks, with evidence of objective functional improvement, a total of up to 13-20 visits over 13-20 weeks (individual sessions). Extremely severe cases of combined depression and PTSD may require more sessions if documented that CBT is being done and progress is being made.

Medical records submitted and reviewed indicate the employee has received a total of 5 sessions of group psychotherapy and a total of 8 sessions of individual psychotherapy, with ongoing assessment and evaluation. Documentation also indicates that the employee's psychiatric condition deteriorated somewhat throughout treatment. The employee's GAF score went from a 49 to a 47. There is no evidence that the psychotherapy treatment has resulted in functional improvement. The ODG criteria have not been met. The request for eight (8) individual psychotherapy sessions **is not medically necessary and appropriate.**

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Richard C. Weiss, MD, MPH, MMM, PMP  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

/ldh

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.